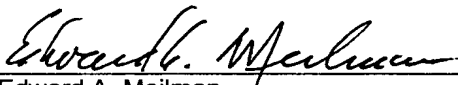
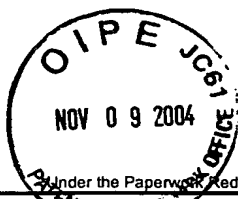




AF/1647
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TRANSMITTAL OF APPEAL BRIEF			Docket No. I0717.0002
In re Application of: Fabrizio Samaritani et al.			
Application No. 10/009,380-Conf. #7144	Filing Date April 1, 2002	Examiner R. M. Deberry	Group Art Unit 1647
Invention: GRF-CONTAINING LYOPHILIZED PHARMACEUTICAL COMPOSITIONS			
<p style="text-align: center;"><u>TO THE COMMISSIONER OF PATENTS:</u></p> <p>Transmitted herewith is the Appeal Brief in this application, with respect to the Notice of Appeal filed: <u>July 13, 2004</u>.</p> <p>The fee for filing this Appeal Brief is <u>\$ 340.00</u>.</p> <p><input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity</p> <p><input checked="" type="checkbox"/> A petition for extension of time is also enclosed. The fee for the extension of time is <u>\$ 860.00</u>.</p> <p><input type="checkbox"/> A check in the amount of _____ is enclosed.</p> <p><input type="checkbox"/> Charge the amount of the fee to Deposit Account No. _____ This sheet is submitted in duplicate.</p> <p><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees that may be required or credit any overpayment to Deposit Account No. <u>50-2215</u>. This sheet is submitted in duplicate.</p> <div style="display: flex; justify-content: space-between;"><div> Edward A. Meilman Attorney Reg. No. : 24,735 DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP 1177 Avenue of the Americas 41st Floor New York, New York 10036-2714 (212) 896-5471</div><div>Dated: <u>November 9, 2004</u></div></div>			



<h1>FEE TRANSMITTAL</h1> <h2>for FY 2005</h2> <p><i>Effective 10/01/2004. Patent fees are subject to annual revision.</i></p>		Complete if Known	
		Application Number	10/009,380-Conf. #7144
		Filing Date	April 1, 2002
		First Named Inventor	Fabrizio Samaritani
		Examiner Name	R. M. Deberry
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1647
TOTAL AMOUNT OF PAYMENT (\$) 1,200.00		Attorney Docket No.	10717.0002

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input type="checkbox"/> Deposit Account: Deposit Account Number: 50-2215 Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP			
The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			

FEE CALCULATION																																			
1. BASIC FILING FEE																																			
<table border="1" style="width:100%"><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Description</th><th>Fee Paid</th></tr><tr><td>Fee Code (\$)</td><td>Fee Code (\$)</td><td></td><td></td></tr><tr><td>1001 790</td><td>2001 395</td><td>Utility filing fee</td><td></td></tr><tr><td>1002 350</td><td>2002 175</td><td>Design filing fee</td><td></td></tr><tr><td>1003 550</td><td>2003 275</td><td>Plant filing fee</td><td></td></tr><tr><td>1004 790</td><td>2004 395</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005 160</td><td>2005 80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="2" style="text-align:right">SUBTOTAL (1)</td><td>(\$)</td><td>0.00</td></tr></table>		Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code (\$)	Fee Code (\$)			1001 790	2001 395	Utility filing fee		1002 350	2002 175	Design filing fee		1003 550	2003 275	Plant filing fee		1004 790	2004 395	Reissue filing fee		1005 160	2005 80	Provisional filing fee		SUBTOTAL (1)		(\$)	0.00		
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SUBTOTAL (1)		(\$)	0.00																																
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE																																			
<table border="1" style="width:100%"><tr><td>Total Claims</td><td>-20** =</td><td>Extra Claims</td><td>x</td><td>Fee from below</td><td>=</td><td>Fee Paid</td></tr><tr><td>Independent Claims</td><td>-3** =</td><td></td><td>x</td><td></td><td>=</td><td></td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td></td><td></td><td>=</td><td></td></tr></table>				Total Claims	-20** =	Extra Claims	x	Fee from below	=	Fee Paid	Independent Claims	-3** =		x		=		Multiple Dependent					=												
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**or number previously paid, if greater; For Reissues, see above																																			

SUBMITTED BY		(Complete (if applicable))	
Name (Print/Type)	Edward A. Meilman	Registration No. (Attorney/Agent)	24,735
Signature	<i>Edward A. Meilman</i>	Telephone	(212) 896-5471
		Date	November 9, 2004